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CONFIRMATION NO. 3431

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/595,608	04/05/2007 RULE	604	3739	0B-049910US		
<b>APPLICANTS</b> Frederik Henricus Wittkampff, Bilthoven, NETHERLANDS; Hiroshi Nakagawa, Edmond, OK; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NL04/00741 10/20/2004 <b>** FOREIGN APPLICATIONS *****</b> NETHERLANDS 1024658 10/29/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/31/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/AMANDA L SCOTT/</u> <small>Examiner's signature</small>		<input type="checkbox"/> Met after Allowance <small>Intests</small>	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> ST. JUDE MEDICAL, ATRIAL FIBRILLATION DIVISION Legal Department One St. Jude Medical Drive St. Paul, MN 55117-9913 UNITED STATES						
<b>TITLE</b> Catheter and Method, in Particular for Ablation and Like Technique						
<b>FILING FEE RECEIVED</b> 1390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			